Atty. Dkt. No. 022726-0201

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

MADISON et al.

Title:

TARGETED

THERAPEUTIC OR
DIAGNOSTIC AGENTS
AND METHODS OF
MAKING AND USING

SAME

Appl. No.:

09/091,578

Appl. Filing Date:

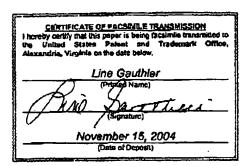
10/6/1998

Examiner:

Schwadron, Ronald B.

Art Unit:

1644



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NOV 1 5 2004

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

-1-

#### 1. Submission required under 37 C.F.R. §1.114: (check items that apply)

#### Enclosed are:

- [X] Amendment/Reply (11 pages).
- [X] Two (2) Reference (15 pages).

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023.262575.1

PAGE 2/33 \* RCVD AT 11/15/2004 8:26:08 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID: \* DURATION (mm-ss):13-52

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## The filing fee is calculated below:

|                  | Claims as<br>Amended |       | Previously<br>Paid For |        | tra Claims<br>sent |     | Rate     |          | Fee Totals |
|------------------|----------------------|-------|------------------------|--------|--------------------|-----|----------|----------|------------|
| RCE Fee 1.17(e): |                      |       |                        |        |                    |     | \$790.00 | =        | \$790.00   |
| Total Claims:    | 18                   | -     | 73                     | - 0    |                    | x   | \$18.00  | =        | \$0.00     |
| Independents     | 1                    | -     | 5                      | = 0    |                    | x   | \$88.00  | -        | \$0.00     |
| First p.         | resentation o        | f any | y Multiple I           | cpende | nt Claims:         | +   | \$300.00 | <b>-</b> | \$0.00     |
|                  |                      |       |                        |        | CLAIMS             | FEE | TOTAL:   | =        | \$790.00   |

# [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| [X] | Extension for response filed within the first month:  | \$1.10.00  | 1      | \$110.00 |  |
|-----|---|------------|--------|----------|--|
| []  | Extension for response filed within the second month: | \$430.00   | -      | \$0.00   |  |
| []  | Extension for response filed within the third month:  | \$980.00   | -      | \$0.00   |  |
| []  | Extension for response filed within the fourth month: | \$1,530.00 | _      | \$0.00   |  |
| []  | Extension for response filed within the fifth month:  | \$2,080.00 | _      | \$0.00   |  |
|     | EXTENSION FEE SUBTOTAL:                               |            |        |          |  |
|     | _   | \$0.00     |        |          |  |
|     |   | \$110.00   |        |          |  |
|     | CLAIMS AND EXTENSION FEE TOTAL:                       |            |        |          |  |
| []  | Small Entity Fees Apply (subtract ½ of above):        |            |        |          |  |
| []  | Suspension of action requested under 37 C.F.R.        |            | \$0.00 |          |  |
|     | TOTAL FEE:  |            |        |          |  |

<sup>[</sup>X] Please charge Deposit Account No. 50-0872 in the amount of \$450.00. A duplicate copy of this transmittal is enclosed.

<sup>[ ]</sup> A check in the amount of \$450.00 to cover the filing fee is enclosed.

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[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 15, 2004

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Telephone: Facsimile:

(858) 792-6773

Barry S. Wilson

Registration No. 39,431 For Richard W. Warburg Attorney for Applicant Registration No. 32,327